



## Daily Health Declaration

Today's Date \_\_\_\_\_

Swimmer/Participant Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Parent/Guardian (if Swimmer/Participant is under the age of 18):

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Do you or any person residing in the same household currently have or have you had in the last 14 days any of the following symptoms?

Fever (greater than 100.4) or Chills

Cough

Congestion or runny nose

Shortness of breath or difficulty breathing

Fatigue

Nausea or vomiting

Muscle or body aches

Headache

Diarrhea

New loss of taste or smell

Sore throat

☐ YES

☐ NO

Have you or any person residing in the same household tested positive for COVID-19 in the past 14 days?

☐ YES

☐ NO

Have you or any person residing in the same household been in contact with someone with confirmed or suspected COVID-19 symptoms within the last 14 days?

☐ YES

☐ NO

Are you or any person living in the same household under any self-quarantine orders?

☐ YES

☐ NO

Have you or any person living in the same household traveled to/from any of the states included in the current CT Travel Advisory?

☐ YES

☐ NO

**Any person answering yes to any of the above questions may NOT enter Velo-CT.**

By signing this form, I am confirming that I have answered all questions accurately, to the best of my knowledge.

\_\_\_\_\_

Swimmer/Participant **OR** Parent/Guardian if Swimmer/Participant is under the age of 18.

State Travel Advisory: As of November 17, 2020

Alabama	Florida	Kentucky	Missouri	Ohio	Texas
Alaska	Georgia	Louisiana	Montana	Oklahoma	Utah
Arizona	Guam	Maine	Nebraska	Oregon	<b>Vermont</b>
Arkansas	Idaho	Maryland	Nevada	Pennsylvania	Virginia
California	Illinois	Massachusetts	New Hampshire	Puerto Rico	Washington
Colorado	Indiana	Michigan	New Mexico	South Carolina	West Virginia
Delaware	Iowa	Minnesota	North Carolina	South Dakota	Wisconsin
	Kansas	Mississippi	North Dakota	Tennessee	Wyoming